



## **Health Officer Order for Reporting of Carbapenem-Resistant Enterobacteriaceae (CRE) and Antimicrobial Resistance (AR) of Bacterial Pathogens**

### **Frequently Asked Questions (FAQs) about Reporting CRE**

*The following FAQs relate to compliance with the Health Officer Order for Reporting of Carbapenem-Resistant Enterobacteriaceae (CRE) and Antimicrobial Resistance (AR) of Bacterial Pathogens issued on January 19<sup>th</sup>, 2017.*

*Updated instructions and FAQs for CRE reporting can be found at:*

*<http://www.publichealth.lacounty.gov/acd/Diseases/CRE.htm>*

**Last Updated March 13<sup>th</sup>, 2017**

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***If you have other questions about reporting, please contact the Acute Communicable Disease Program at 213-240-7941 or [hai@ph.lacounty.gov](mailto:hai@ph.lacounty.gov).***

## GENERAL INFORMATION

### **Why were CRE made reportable?**

CRE are a growing public health problem. From 2010-2012, when CR *Klebsiella pneumoniae* (a type of CRE) was reportable, over 2,000 cases were reported to LACDPH. Since then, reliable epidemiological and clinical information regarding CRE has not been readily available. Thus, LACDPH is increasing its efforts to track and respond to CRE within Los Angeles County (LAC) in order to prevent its spread.

### **What does LACDPH plan to do with CRE information?**

LACDPH will use CRE reports to monitor trends, develop guidance and interventions for healthcare facilities, and identify and respond to outbreaks

### **Who is required to report CRE?**

Acute care hospitals (ACHs,) and skilled nursing facilities (SNFs) are the facilities mandated to report CRE. Other facility types are not required to report.

### **What is required to be reported?**

Reporting of CRE in LAC will follow the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Multidrug-Resistant Organism (MDRO) and *Clostridium difficile* Infection (CDI) Module: report all first CRE-positive tests per patient, per calendar month, per location, regardless of specimen source or organism, which were collected on or after January 1<sup>st</sup>, 2017. SNFs are to follow the same surveillance rule above and report to the LACDPH Morbidity Unit via fax beginning February 28, 2017; include the lab report with susceptibility results and completed CRE Case Report Form when reporting. Note only clinical specimens are to be reported; do not report tests related to active surveillance.

### **What is the CRE surveillance definition?**

LACDPH will follow the CDC NHSN MDRO and CDI Module CRE surveillance definition, which define CRE as any *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, or *Enterobacter spp.* demonstrating resistance by one or more of the following methods:

1. Resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of  $\geq 4$  mcg/mL for doripenem, imipenem and meropenem or  $\geq 2$  mcg/mL for ertapenem) **OR**
2. Production of a carbapenemase (e.g., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction (PCR), metallo- $\beta$ -lactamase test, modified-Hodge test, Carba-NP, Carbapenem Inhibition Method (CIM)).

Note that reporting is required if either criteria 1 or 2 above is met. Facilities cannot choose to apply only one of the criteria above, though LACDPH realizes not all clinical microbiology laboratories are capable of testing or routinely test for carbapenemases.

### **Should all clinical and surveillance culture results be reported?**

Only clinical results should be reported. Tests to detect the presence of CRE in the absence of signs of illness (ie. rectal screening) are considered as surveillance cultures, and are not to be reported.

**Should all inpatient and outpatient culture results be reported?**

Results for specimens obtained from inpatients should be reported. Results for specimens collected from the ED should be reported only if the specimen was collected on the same calendar day as patient admission to the inpatient location.

**Should both community-onset and healthcare-onset cases be reported?**

Yes. All clinical CRE-positive specimens collected at your healthcare facility should be reported, regardless of type of onset.

**During the same admission, my patient has multiple positive CRE cultures. Do I report them all?**

Only one CRE report should be made per calendar month, except in the situations described below. Note that reporting is by calendar month so that for a patient with an isolate at the end of one month and a second isolate at the beginning of the next month, both would be reported.

**During the same month, my patient is found to have CRE *E. coli* and, on a later date, CRE *Klebsiella*. Do I report both?**

Yes, you would report both. While the NHSN definition indicates one CRE positive isolate per patient, per month, per location are to be reported, if the organisms are different during the same calendar month each separate organism would be reported.. Duplicate CRE *E. coli* would not have been reportable, except as described in the next question.

**During the same month, my patient is found to be CRE-positive in one body site and is later found to be CRE-positive in another body site. Do I report both?**

The second CRE-positive specimen within a calendar month should be reported only if it is a blood specimen. If the second specimen within a calendar month is not a blood specimen, then you would not report the second isolate.

**What if the patient is discharged before I get the positive CRE culture report? Who is responsible for reporting then—the laboratory or the healthcare facility?**

The facility that orders and obtains the specimen is responsible for reporting the CRE case, regardless of when susceptibility reports arrive.

**If a patient is discharged without CRE-positive lab results, and is readmitted two weeks later from another healthcare facility (e.g., rehabilitation center, different hospital, etc.) with CRE, how do I report this?**

If the CRE-positive specimen was collected in your healthcare facility, then your facility is responsible for reporting. However, you can indicate either in NHSN or in the CRE Case Report Form that the patient was discharged within the past 4 weeks from another healthcare facility (and include the facility name).

**If a healthcare facility reports a CRE-positive patient to LACDPH who is later transferred to another facility (i.e. a nursing home or other hospital), does the facility that the patient was transferred to also need to report the same patient?**

No, the facility the patient was transferred to does not need to report the patient. This facility would only report CRE if a specimen for that patient was collected while they were admitted to their facility. LACDPH recommends notifying the facility to which the patient was transferred that they are CRE positive.

**If a patient already had a CRE-positive culture during a previous visit, do I have to report the patient again if they test CRE-positive on another admission?**

Yes. Report the first CRE- positive culture for each separate patient admission. Thus, if a patient has two separate facility admissions and has a positive CRE culture in each admission (from specimens collected within your facility), both events should be reported.

## LABORATORY INFORMATION

**What if an isolate meets the susceptibility criterion, but carbapenemase testing is negative?**

If an isolate meets either of the two surveillance criteria, it should be reported.

**If I do not have an on-site laboratory (i.e., I use a reference laboratory), who is responsible for reporting a CRE-positive patient to LACDPH? Should both the lab and my facility report?**

The facility that obtained the culture is responsible for reporting. In some situations the lab report may be received by LACDPH, but this does not absolve a facility from completing the reporting requirements listed above.

**Does the laboratory have to report cases to LACDPH?**

No. For all hospitals and SNFs enrolled in NHSN, all cases must be entered into NHSN. For SNFs not enrolled in NHSN, a CRE Case Report Form must be filled out and submitted along with the laboratory susceptibility report. However, laboratories should ensure that all CRE-positive specimens are being reported to their clinical and infection prevention staff in a timely manner.

## USING NHSN TO SUBMIT CASE INFORMATION

**When should facilities use the National Healthcare Safety Network (NHSN) to submit cases?**

All LAC ACHs are required to use NHSN to submit CRE-positive results. All SNFs that are enrolled in NHSN are also required to submit CRE results via NHSN. If a SNF is not currently enrolled in NHSN, they may fax reports to the LACDPH Morbidity Unit at (888) 397-3778 and include the laboratory report with susceptibility results and the CRE Case Report Form. For SNFs interested in enrolling in NHSN please contact us at [hai@ph.lacounty.gov](mailto:hai@ph.lacounty.gov), and LACDPH can provide guidance as you complete the enrollment process.

**What if I need to report for more than one facility?**

Please report cases under the appropriate facility name/ID in NHSN.

**Can I enter information into NHSN about a patient who was found to be CRE-positive even if the culture was collected before January 1<sup>st</sup>, 2017?**

For CRE cultures collected prior to January 1, 2017, reporting via NHSN is optional and at the discretion of the reporting facility. For SNFs not reporting in NHSN the start date is February 28, 2017.

**What if I had zero CRE cases in any given month/year?**

You must indicate in your NHSN monthly summary data entry that you did not have any CRE-positive cultures for any given month of the reporting period.

***For more information and/or scenarios pertaining to reporting CRE in the NHSN LabID Module, please visit:***

ACHs: <https://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/>

LTACHs: <https://www.cdc.gov/nhsn/ltach/cdiff-mrsa/index.html>

SNFs: <https://www.cdc.gov/nhsn/ltc/cdiff-mrsa/index.html>

## USING THE CRE CASE REPORT FORM TO SUBMIT CASE INFORMATION

### **When should facilities use the CRE Case Report Form to submit cases?**

Only SNFs that are not enrolled in NHSN should be reporting CRE via this form. Thus, if you have already reported a case via NHSN, you do not need to fill out this form.

### **Who is responsible for filling out the form?**

LACDPH asks that your facility's designated infection preventionist fill out the CRE Case Report Form, with the assistance of clinical and/or laboratory staff as needed.